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\*\* CONTINUING DATA \*\*\*\*\* *None* \*\*\*\*\*\*\* FOREIGN APPLICATIONS \*\*\*\*\* *None* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 7	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 6
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>and</i> Initials <i>su</i>				

## ADDRESS

26652

## TITLE

Method of transmitting layered video-coded information

<b>FILING FEE RECEIVED</b> 1188	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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